

U. S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE														Page 1
WIC FINANCIAL MANAGEMENT AND PARTICIPATION REPORT														
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0045.														
The time required to complete this collection is estimated to average 3.1 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.														
STATE <i>Maine</i>	LOC 2371	FEDERAL FISCAL YEAR				REPORT MONTH/CALENDAR YEAR				DATE SUBMITTED				
SEVEN DIGIT CODE 2392901		DATE RECEIVED IN R/O				DATE ENTERED IN SYSTEM				MONTHLY REPORT				
Food Obligation Estimates														
	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total	
1. Adjusted Gross Obligations	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Estimated Rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Net Federal Obligations	0	0	0	0	0	0	0	0	0	0	0	0	0	
Actual Food Outlays														
	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total	
4. Gross Outlays	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Unliquidated Obligations													0	
6. Gross Outlays & Unliq.	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Rebates Billed	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Program Income	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Postpymt Vendor Collections	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Participant Collections	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Other Credits	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Net Federal Outlays & Unliq.	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Month Closed Out (Y/N)	N	N	N	N	N	N	N	N	N	N	N	N		
14. Annual Net Federal Cost	0	0	0	0	0	0	0	0	0	0	0	0	0	
Federal Participation														
	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total	
15.a. Women Pregnant													0	
b. Women Fully Breastfeeding													0	
c. Women Partially Breastfeeding													0	
d. Women Postpartum													0	
e. Total Women	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. a. Infants fully Breastfeeding													0	
b. Infants partially Breastfeeding													0	
c. Infants formula feeding													0	
d. Total Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Children													0	
18. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
Estimated Total Participation	0	0	0	0	0	0	0	0	0	0	0	0	0	
NSA Costs														
19. Gross Outlays		0	0	0	0	0	0	0	0	0	0	0	0	
20. Unliquidated Obligations		0	0	0	0	0	0	0	0	0	0	0	0	
21. Gross Outlays & Unliq.	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Program Income														
23. Postpymt Vendor Collections														
24. Participant Collections														
25. Other Credits														
26. Net Federal Outlays & Unliq.	0	0	0	0	0	0	0	0	0	0	0	0	0	
27. Est. Future Month(s) Oblig.	0												0	
28. Annual Net Federal Cost	0	0	0	0	0	0	0	0	0	0	0	0	0	

Estimates Detail (Models)

Key Averages (Actuals)	October	November	December	January	February	March	April	May	June	July	August	September
Food Package Cost / Participant	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Food Package Cost / Participant (Adj.)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rebate per Infant	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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Participation Model	October	November	December	January	February	March	April	May	Jun	July	August	September
Last Year's Participation												
Participation Adjustment Factor												
Estimated Total Participation	-	-	-	-	-	-	-	-	-	-	-	-

Food Obligation Model	October	November	December	January	February	March	April	May	Jun	July	August	September
Estimated Food Package / Participant												
Addl. Obligations -			\$ -									
Addl. Obligations -												
Estimated Gross Food Obligations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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Rebate Model	October	November	December	January	February	March	April	May	Jun	July	August	September
Infants as a percentage of Caseload												
Rebate per Infant												
Rebate Adjust. -												
Estimated Rebates	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Actuals Detail

Gross Food Outlays Detail	October	November	December	January	February	March	April	May	Jun	July	August	September	YTD Total
Issue Month													
First Month													
Second Month													
Total Redeemed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unmatched Redemption													\$ -
Breastpump Reimbursement	\$ -			\$ -			\$ -			\$ -			\$ -
Grand Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Rebates Billed Detail		Month in which Rebateable Checks Redeemed														Total Issued
Month Issued	Redeemed In =>	October	November	December	January	February	March	April	May	Jun	July	August	September	October	November	
October																\$ -
November																\$ -
December																\$ -
January																\$ -
February																\$ -
March																\$ -
April																\$ -
May																\$ -
June																\$ -
July																\$ -
August																\$ -
September																\$ -
Total Billed		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Amount Received																\$ -
Date Notified																

Vendor Collections	October	November	December	January	February	March	April	May	Jun	July	August	September	YTD Total
Actual Amounts Collected													\$ -